



Fermilab

For Office Use Only

| | | | | | |
|-------------------|-------------------|------------------|--|----------------|--|
| ID: | | Action: | | ID Exp: | |
| Insurance: | | Medical: | | Safety: | |
| Computer: | | Stkrn: | | Family: | |
| NON-473: | Sensitive: | Verifier: | | Date: | |

Name:

| | | |
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| | | |
|--|--|--|

Last

First

Middle

University or Institution Name:

Telephone:

| | |
|--|--|
| | |
|--|--|

Experiment/Department:

| Exp. / Dept. | Spokesperson | Home Institution Contact | Contact Telephone |
|--------------|--------------|--------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Email Address (Internet):

| | |
|--|--|
| | |
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Fermilab

Home Institution

Do you want to subscribe to:

Users' Organization email distribution list?

Yes ☐ No ☐

Graduate Student Association email list?

Yes ☐ No ☐

Date of Birth: _____ City/State of Birth: _____ Country: _____
Mo./Day/Yr.

U.S. Social Security Number: _____ Passport Number: _____

Drivers License Number: _____ State/Country: _____

Professional Class: (Check One)

☐ Physicist (Ph.D.)

☐ Graduate Student

☐ Undergraduate

☐ Computer Programmer

☐ Engineer

☐ Technician

☐ Other (Specify): _____

Experiment/Office Location: _____

Fermilab Phone Extension: _____ Mail Station: _____

(over)

Local Residence Address: _____ Telephone: _____

Name of Spouse: _____ Here ☐ Not Here ☐

IN CASE OF EMERGENCY, PLEASE NOTIFY:

| Name | Relationship | Address | Telephone |
|------|--------------|---------|-----------|
| | | | |
| | | | |

FAMILY MEMBERS:

List the name, relationship, date of birth, and citizenship of any family members who have accompanied you here or who may join you here at a later date.

| Name | Relationship | Date of Birth | Citizenship |
|------|--------------|---------------|-------------|
| | | | |
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| | | | |

Non-U.S. Citizens

Country of Citizenship: _____ Male: ☐ Female: ☐

Are you an Immigrant Alien (U.S. Resident)? Yes: ☐ No: ☐

SAFETY COMPLIANCE:

I have viewed *A Few Words About Safety*, the 25 minute safety video for users, have read Chapter II, "The Basics: What Every Experimenter Needs to Know," from the Procedures for Experimenters. I hereby accept responsibility for complying with the safety practices contained herein and I understand that failure to comply with these procedures may be cause for the laboratory to deny me access to its research facilities.

Signed: _____ Date: _____

FERMILAB COMPUTER SECURITY POLICY:

This document may also be found at <http://www.fnal.gov/cd/main/cpolicy.html> along with any updates. Guidance for computer security at Fermilab is at <http://www.fnal.gov/cd/security/>. I have received and read the *Fermilab Policy on Computing* dated _____ (may be found on last page of policy).

Signed: _____ Date: _____

USER VALIDATION: _____ ID # _____
Spokesperson/Division/Section Head